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ALTERNATE CARE
PO BOX 94107
SEATTLE WA 98124-6407



Washington State
Department of Social
& Health Services

Phone # 206-123-1234
TTY/TDD # 206-123-5678
Toll Free #

08/27/09

Client ID#2137281

ACME NURSING HOME
FOR: MARY SMITH-RESIDENT
1234 NE MAIN ST
MAYBERRY, WA 98765

Dear MARY SMITH-RESIDENT

You are approved for the following service:

	Begin Date	End Date
Nursing Home	08/01/09	

You are approved for the following medical benefits:

	Begin Date	End Date
Categorically Needy (CNP)	08/01/09	

Your Patient Identification Code (PIC) is: M- 030330 SMITH A

Your Medical AU Number is: 4100280

You must pay your service provider:

08/09	09/09	10/09
\$0.00	\$0.00	\$0.00

If you disagree with any of our decisions, you may ask to have the case reviewed. You can also ask for an administrative hearing. Administrative hearing rights are included in this letter.


A. LAFTRAC
206-987-6543

Attachments(s): 03-387
 98-001

0002-17 Approval for LTC Medical Benefits

Example Letter:

For A0700 on the MDS, use the Client ID# from the footer of the letter. It is always 9-digits long including the leading zeroes. We need the leading zeroes, so please use the number from the bottom, in the footer, NOT in the header.



Client ID# 002137281